Connecticut Health Insurance Exchange Consumer Outreach and Education Program

In-Depth Review & Discussion

April 27, 2012

MINTZ & HOKE

Agenda Items

- Mintz & Hoke Credentials

- Communications Outreach Process Model

- Stakeholder Discussions & Market Exploration Report

- Key Findings from Audit of Existing Research

- Bridging Communications Plan

- Consumer Research Proposal

Meeting Objectives

- Create understanding of outreach development process.

- Address what has been done as basis for moving forward.

- Obtain your input and counsel on planned next steps.

MARKET EXPLORATION
INITIAL FINDINGS

Findings

- *Lack of information about the ultimate configuration of the Exchange is reinforcing an atmosphere of negativity.*

- Lots of skepticism within all groups. There is doubt that the Exchange will fulfill anyone's expectations.

- Fear of the disruption to the status quo cuts across all groups – consumer advocates, healthcare providers, small employers, insurers and agents/brokers.

Findings

- The word "Exchange" is very confusing. When coupled with the word "Insurance," for consumer advocates, it's a double negative.

- What is the Exchange physically? A web site, brick and mortar, face-to-face interaction with real people?

- Interpretations of who and what a navigator is are infinitely varied. This creates more confusion and frustration.

Conclusions

- Develop a bridge communications campaign to start the process of building trust and confidence in the short-term effectiveness and the long-term viability of the CT Health Insurance Exchange.
    - Tactics to include:
        - Regular email periodical to key stakeholders.
        - Public relations outreach.
        - Social listening and strategy.
        - Build-out of an interim microsite.

Conclusions

- Develop an alternative name that is less confusing and off-putting than *CT Health Insurance Exchange*.

- Communications need to be clear, simple, welcoming and inclusive. We cannot over claim or overpromise. We cannot put forth information that will change in the future.

CONSUMER ADVOCATES

Findings

- The overwhelming negative perception of health insurance casts a dark shadow over the Exchange.

  – Insurance paperwork and jargon is too confusing and coverage perceived as too restrictive – leading to frustration, uncertainty and ultimately mistrust.

- Pervasive fear that the Exchange will not be adequately inclusive (will my constituents have access?).

- Major concerns about the Exchange's ability to deliver true affordability.

- Access to healthcare providers remains a critical concern. "How do we go beyond the emergency room?"

Findings

- Consumer advocates insist on a "No wrong door" approach to enrollment.

- Universal belief that the only way to reach consumers is to engage influential community leaders/trusted advisors.

- Fear of disruption to existing support channels within advocacy networks and community organizations.

- Will my constituents who have providers be able to continue seeing their doctor?

Conclusions

- The Exchange needs to evolve beyond an unknown, faceless concept into a living, breathing entity with a better name, and a more forthright statement of purpose.

- The following positioning concepts are potentially powerful approaches for Exchange communications:
    - Ability to provide care for family and loved ones (potentially far stronger than people's self-regard).
    - Personal dignity that choice now affords.
    - Ability to avoid financial catastrophe.
    - A sense of civic duty – join your friends, family and community to help improve everyone's health.

SMALL BUSINESSES

Findings

- The number of employers offering insurance is shrinking. Worry that if they can't afford to offer health insurance, they won't retain employees.

- Small employers in minority communities are just as distrustful of the insurance industry as individuals. Need to know someone they trust from within their community endorses the program.

- Getting employers to take action will be a challenge. They will open the door to check out rates, but taking the purchase step and offering insurance is a bigger challenge.

Findings

- Many rely on agents and brokers to help them understand their options. There is a desire for brokers to have a role with the Exchange offering, but "If agents want to be viable, they will have to evolve."

- Decisions about health insurance are based heavily on cost. "They want to know what the best health benefits are that they can offer their employees without breaking the bank."

- Since 45% of small employer plans do not reach the bronze level, there will be hesitance to join the Exchange due to real or perceived cost increases.

Conclusions

- "Keep it local."
  - Partner with community leaders and chambers of commerce who have the trust of their neighbors to engage hard-to-reach small employers, and deliver messages in culturally appropriate ways.
  - Leverage existing relationships between brokers and employers. Empower the broker with information about the Exchange, to help those employers who choose to use a traditional broker better understand their options.

Conclusions

- Possible message approaches that would resonate with small employers:
    - Take control of healthcare for your employees.
    - Offers the ability to shop and compare.

AGENTS AND BROKERS

Findings

- Perceive lack of incentive for a wide group of consumers to participate. Penalties are not enough to encourage enrollment.

- Question what their financial incentive (commission) is going to be.

- Worry about heavily weighted enrollment numbers from high-cost consumers with pre-existing conditions, leading to adverse selection and a financially unsustainable program.

- Insurers and agents/brokers see lots of choice and options as a desirable characteristic of insurance plans. This runs counter to how consumers and providers regard insurance. To them, excessive options equal complexity, which breeds distrust.

Conclusions

- Need clear definition of role and purpose.

- Need to know how they fit in with navigator role.

- Need assurance that this is an economically viable pursuit.

- Need assurance that their interests are respected.

PROVIDERS

Findings

- Information about patients' health benefits is not available to their providers, who are often approached as an information resource.

- Concerned that a surplus of new patients without enough primary care physicians or specialists will lessen the Exchange's ability to deliver on access to care.

Findings

- Exchange needs to avoid the stigma associated with public health plans like Medicaid. "Am I going to get the 'leave-behind' care?"

- Patients are diverse and do not trust mass media billboards from insurance companies. They trust their own experience, their families, their providers and their organizations.

Conclusions

- Use common, jargon-free language, so consumers and providers can clearly understand their benefits. "You don't mind being a partner to your patient if you truly can understand their benefits."

- Exchange brand must clearly convey its offering without looking like an insurance carrier. "Are we going to call it the same thing and say it's different?"

- Deliver messages in culturally appropriate ways through local community channels that consumers are comfortable with.

Conclusions

- Message points and approaches to consider:
  - Importance of primary care in staying healthy and keeping costs down.
  - Pride associated with obtaining health insurance for individual or family.
  - Assurance of access to a substantial, organized, reliable provider network.

INSURERS

Findings

- Believe that uninsured individuals and small employers often don't understand the options available to them.

- Recognize that language and lack of understanding of how insurance works are barriers for communication.

- Feel that success hinges on providing a lot of choice in products that individuals and small employers can purchase.

- Massachusetts fought the existing distribution model, not recognizing the relationships between brokers and small employers, which led to smaller penetration.

- Believe people will be looking for information from someone they trust, who is neutral, who can explain in words they understand.

Conclusions

- Fight the natural tendency of insurance people to overcomplicate and fall back on jargon.

- Focus on simplicity, (reasonable) choice, and ease of access.

- Deliver information through established channels – respect the relationship between the individual and their community leader, and between the small employer and their broker or trusted advisor.

STATE FINDINGS

Lessons from Other Efforts

- Focus on raising mass awareness of the Exchange and driving use of website and other customer service resources.

- The uninsured include working families, younger adults, and older adults facing job-loss. Work in small businesses and seek health services at health clinics and ER.

- Extensive consumer research and ongoing feedback are key for evaluation and refinement of positioning and messaging.

- Messages should focus on personal benefits of health insurance: preventive care and protection from financial risk.

- Use culturally and linguistically appropriate language to present honest, concrete information in a relatable way.

Lessons from Other Efforts

- Partnerships with community leaders are pivotal for engaging head-to-reach audiences.

- "Feet on the ground" approach: public forums, hosted seminars, presence at local community or cultural events.

- In-community collateral: flyers, posters, brochures, paycheck stuffers, bus sides.

- PR/Social: communicate with influencers, manage any negative commentary.

- Broadcast: minimize cost, focus on frequency in targeted local radio and television.

Lessons from Other Efforts

- Communicate that getting coverage is easy and affordable. People need to believe coverage is achievable so they will engage.

- Leveraging mandates or fines has not proven to be effective.

- Have specific cultural programs ready for implementation, e.g., In Massachusetts, a second year focus on young Hispanic males, with custom program.

- To measure success or underachievement requires quantitative benchmarks in place at campaign's launch.

BRIDGING COMMUNICATIONS STRATEGY

The Need for a Bridging Campaign

- The lack of information about the ultimate configuration of the Exchange is reinforcing an atmosphere of negativity.

- There are many questions from the Exchange's stakeholder groups and opinion makers. There is a clear demand for tangible information about the program.

- While the program steadily moves toward its developmental goals, providing news and updates will span the gap between this relatively quiet period and the visible launch of the program.

Campaign Objectives

Provide information and updates on progress being made in the creation and development of the Connecticut Health Insurance Exchange:

- Generate confidence that real progress is being made in expedient and responsible ways.

- Allay potential concerns created by perceived lack of news about program progress.

- Provide stakeholders with the opportunity to submit comments and input.

- Give all audiences a chance to feel that their voice is being heard.

Target Audiences

Audiences that the program will address include:

- Board Members.

- Members of Advisory Committees.

- Key program stakeholders who have already been identified.

- Community leaders/influencers/organization representatives will be added to list as contact is made.

- The media.

- The program contact strategy will encourage all people who come into contact with Exchange to subscribe to program updates.

Program Messaging Strategy

The program will base ongoing messaging on the following:

- Provide updates about ACA policy decisions, Exchange development news, key meetings and decisions.

- Become a resource for educational articles – identifying and linking to available research sources.

- Provide a review of accomplishments, preview what's to come and send continual reminders explaining the work being put into establishing a successful Exchange.

-continued-

Program Messaging Strategy

The program will base ongoing messaging on the following:

- Help people understand that this is an ongoing process with many facets that will continue to evolve based on best practices from other states, expert opinion and consumer feedback.

- Explain the timetable and sequence of events and how they interrelate, inform each other and continually improve end result.

- Give audiences a context and frame-of-reference for CT's progress.

Program Tactical Plan

These communications outreach elements will work in concert to notify audience, generate and update content, and publish updates:

1. Postcard reminder

2. E-mail update

3. Web sitelet

4. Social media presence

5. News media outreach

1. Postcard Reminder

A proven and effective way to open lines of communication, drawing attention to forthcoming updates and program content housed on website.

Two-sided postcard reminder mailed periodically [4 or 5 times a year], alerting people to "look in your e-mail for ongoing news updates."

Provides outreach to those people who do not have e-mail details. Postcard will also encourage people to visit web sitelet to sign up and register for e-mail updates.

1. Postcard Reminder

MAKE ROOM
IN YOUR INBOX.

CT Health Insurance Exchange eUpdates are coming your way.

Copy will include these points:

- Look for our update emails in your inbox
- Learn more at
  CTHealthInsuranceExchange.gov/outreach
- Share/forward emails and links with colleagues, constituents and friends

WE'RE OFF
TO A HEALTHY START.

Starting with our CT Health Insurance Exchange updates.

Copy will include these points:

- Look for our update emails in your inbox
- Learn more at
  CTHealthInsuranceExchange.gov/outreach
- Share/forward emails and links with colleagues, constituents and friends

2. E-mail Update

A snapshot e-mail highlighting latest activity and key events, linking to key documents/reports for additional information.

- Frequency – Biweekly

- Format – Simple text e-mail

- Tone – Informative, rather than promotional

- Sample topics:
  - Comprehensive Work Plan Underway
  - Advisory Committee Meeting Update
  - In The News
  - Upcoming Meetings
  - Did You Know?

3. Web Sitelet

Schematic for program web sitelet that provides updates, information, data and links to other important web sites. Sitelet is designed to provide specific location for people to access information specific to the progress of the program. Will also encourage collection of contact information database (continued on next page).

3. Web Sitelet

Connecticut Health Insurance Exchange
CONTINUOUS COMMUNICATIONS OUTREACH

OUR MISSION	THE PROGRESS	NEWS	FAQS	NEWSLETTERS
A mission statement and initiatives are presented here in a consolidated, informative and in a forward-thinking presentation.	The forward movement of the Connecticut Health Exchange is documented here presented as a series of benchmarks.	Main news events are listed and organized to highlight key issues and announcements. Presentations and reports are collected here. Media such as video can be included.	A collection of important information and facts condensed into an organized format. This will inform both the existing board members and a new audience.	Content and information is collected into a series of newsletters made available on the site. Also there will be a sign up to receive information.

LINK TO EXISTING SITE(S)	LINK TO EXISTING SITE(S)	LINK TO EXISTING SITE(S)	NEW OUTREACH LINKS	NEW OUTREACH LINKS
• Connecticut Health Insurance Exchange	• Key Milestones	• Latest News	• FAQ List	• Newsletter Sign up (Sign up Form)
• Office of Heath Reform and Innovation	• Timelines	• Weekly Update	• Announcements	
• Office of Policy and Management	• Projects	• Reports and Presentations	• Archives	NEW OUTREACH LINKS
• Legislation	• Reports and Presentations		• Newsletter Sign up	• Archives
• Board Membership	• Consumer Outreach	NEW OUTREACH LINKS		
• Board Meetings	• Mercer Health & Benefits	• Key Issues	PERSISTENT LINKS	PERSISTENT LINKS
• Subcommittees		• Meetings	• Contact Us	• Contact Us
	NEW OUTREACH LINKS	• Announcements	• Forward to a Colleague	• Forward to a Colleague
NEW OUTREACH LINKS	• Announcements	• Archives	• Weekly Updates	• Weekly Updates
• Resources for Board Members	• Weekly Updates	• Videos and Media		
• Newsletter Sign up	• Meetings/Meeting Minutes	• Newsletter Sign up	MANDATORY	MANDATORY
	• Sign up for Notifications		• Disclaimer	• Disclaimer
PERSISTENT LINKS		PERSISTENT LINKS	• Legal	• Legal
• Contact Us	PERSISTENT LINKS	• Contact Us		
• Forward to a Colleague	• Contact Us	• Forward to a Colleague		
	• Forward to a Colleague			
MANDATORY		MANDATORY		
• Disclaimer	MANDATORY	• Disclaimer		
• Legal	• Disclaimer	• Legal		
	• Legal			

Schematic on potential information hierarchy.

4. Social Media Presence

Multi-step approach taken to establish social media presence to understand environment first.

- Social "listening."
  - Identify and prioritize key influencers in the social sphere and platforms to best engage target audience.
  - Unearth issues that may need to be addressed, such as commentary, public media sentiment, questions and input.
- Develop content strategy to plan/manage the distribution of content.

4. Social Media Presence

- Next steps:
  - Map out response protocols for commentary, and roles for posting.
  - Partner with state agencies that have social presence (e.g., CT DPH) to share select announcements (phase 1).
  - Create social identities after all plans are in place.
  - Ongoing monitoring to evaluate and refine approach as needed.

5. News Media Outreach

Based on input from Massachusetts, it is important that news media outreach stay neutral and informative rather than engaging in opinion-building.

- Quickly establish a content and message library that feeds news media contact (e.g., press releases, announcements).

- Evergreen content can be formatted in various ways to fuel all components of the program (e.g., web content, emails, press releases, social updates).

- These topics will engage media in the bridging campaign progress and serve as speaking platforms for outreach and interviews.

5. News Media Outreach

Samples include:

- *Top Myths & Facts About Health Reform.* Help people understand what health reform is about and provide connection to Connecticut. Myths to be pulled from consumer concerns.

- *Health Reform: A Progress Update.* Quarterly timeline of activities, milestones and deadlines for Health Reform in the U.S. and Connecticut.

- *What Should Connecticut Businesses Know About Health Reform?* Address business owner concerns and discuss opportunities for program to help them attract, retain and protect their employees.

- *Local Businesses Preparing for Change.* Include quotes from local employers who have been active participants in the process and can articulate how this will help their business succeed.

PRIMARY CONSUMER RESEARCH STRATEGY

Participants

Consumers

- 26-64 years old

- 139 to 400% FPL

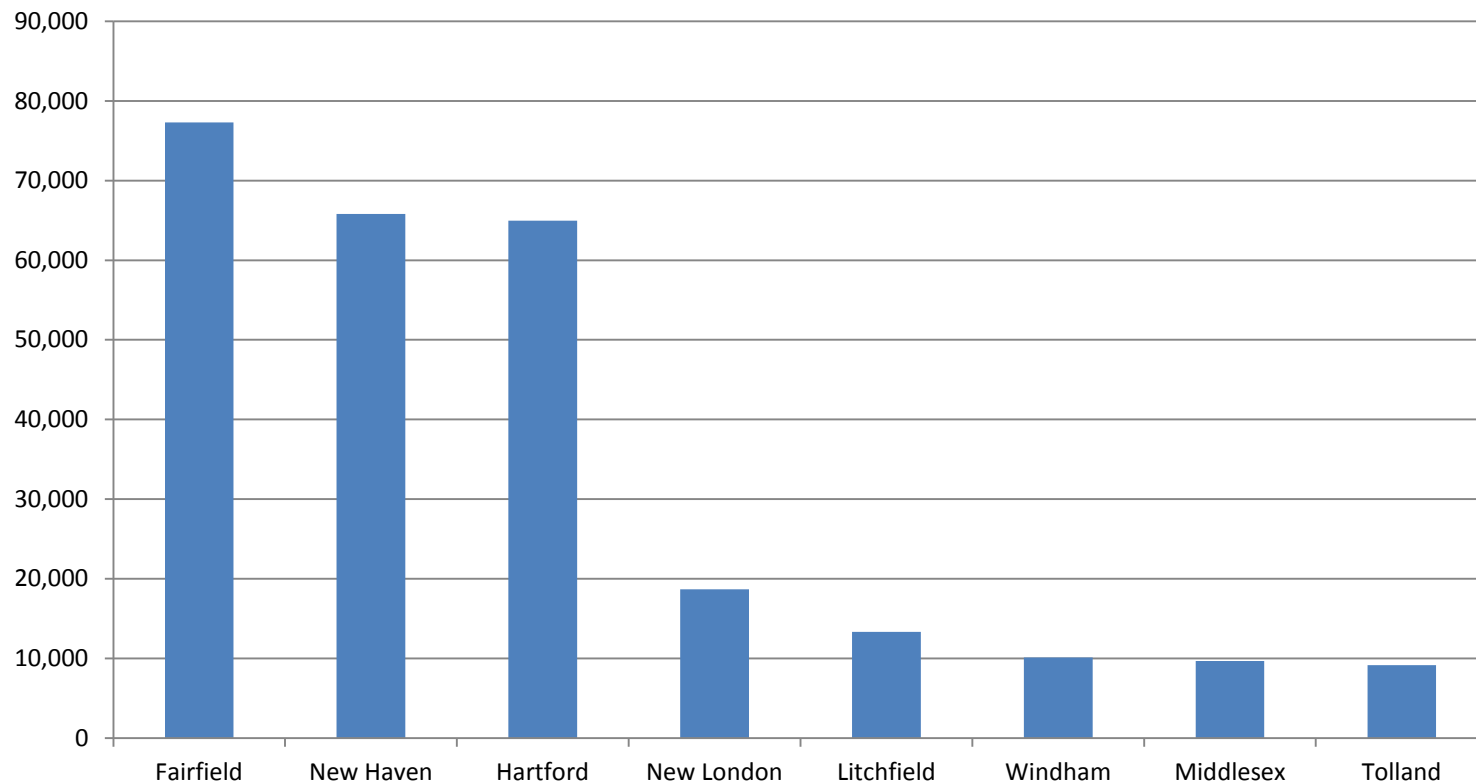- Ethnicities and genders across state uninsured demographics

- Uninsured and insured

Small Employers

- With up to 50 employees

Participants

Uninsured adults age 18-64 by state county

U.S. Census Bureau, Small Area Health Insurance Estimates, 2009

Partners

- Partner with research consultants for assistance facilitating recruitment and conducting interviews and focus groups
  - Creative Fuel, research professional
  - Bauza & Associates, multicultural capabilities

Recruitment

- Community-Based Advocate Identified
  - Intercepts at community facilities (e.g. FQHCs)
  - Scheduled sessions arranged by community leaders

- Co-Recruiting with Cooperating Small Businesses

- Mall Intercepts

- Web Recruiting

- Public Gatherings

- Research Facility Database

- Small Business Owners

Research Setting

- In community – Consumer Interviews

- In central interviewing facilities
  - Consumer Focus Groups
  - Consumer Interviews
  - Small Employer Interviews

- Online – Consumer Interviews

Research Design Summary

Source/ Research Setting	Broad Reach Solicitation	Community Based Advocate Identified	Co-Recruiting Through Small Business	Web Recruiting	Public Gathering Recruiting	Research Facility Database	Small Business Owners
Focus Groups 40 – 48 (Plus 24-32 business owners)	X		X		X	X	X
Individual Depth Interviews 50 to 64 (Plus 6-8 business owners)	X	X	X		X		X
On-line Focus Group 15 to 20	X			X			

Interviewing Approach

- Experiences with health care and health insurance

- Awareness of Connecticut Health Insurance Exchange

- Questions and uncertainties

- Perceived benefits and obstacles

- Reactions to testing materials (visual and verbal prompts)

- Exploration of product names and descriptors

Deliverables

- Full report on findings and recommendations.

- Attitudes and opinions for quantitative study

- Refined message with support points for quantitative testing.

Testing Material Approaches

- **Easier.**

  CT Health Insurance Exchange will make health care insurance <u>more affordable and easier</u> to get.

- **Empowering.**

  CT Health Insurance Exchange <u>empowers you to take control</u> over your healthcare.

Testing Material Approaches

- **Access**

  CT Health Insurance Exchange gives you <u>access you never thought you'd have</u> to healthcare coverage.

- **Choice**

  CT Health Insurance Exchange offers you a <u>choice of affordable healthcare plans to fit your needs</u>.

Testing Material Approaches

- **Guidance.**

  CT Health Insurance Exchange will <u>provide you a whole range of friendly people and helpful tools</u> to guide you every step of the way toward better healthcare.